

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90229 016 \*\*\*150.00

**DOCUMENT # P02000033131**

**1. Entity Name**  
**FOUR POINTS TITLE COMPANY**



**Principal Place of Business**  
**12900 SW 128TH STREET**  
**MIAMI FL 33186**

**Mailing Address**  
**12900 SW 128TH STREET**  
**MIAMI FL 33186**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

02-0573342

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**AVELLAN, JULIANA V**  
**210 ALHAMBRA CIR STE 500**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name **LILIANA V. AVELLAN**

Street Address (P.O. Box Number is Not Acceptable)

**201 ALHAMBRA CIRCLE SUITE 500**

City **CORAL GABLE**

**FL**

Zip Code **33134**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*[Signature]*

**1-13-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **GARCIA, HECTOR**  
STREET ADDRESS **12900 SW 128TH STREET**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P-D-S** ☐ Change ☒ Addition  
NAME **LILIANA V. AVELLAN**  
STREET ADDRESS **201 ALHAMBRA CIRCLE, # 500**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Change ☒ Addition  
NAME **JERRY AGUIRRE**  
STREET ADDRESS **12900 SW 128 STREET**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]* **AVELLAN**

**1-13-03**

**(305) 447-0026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)